

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Florissant 4051	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Hospital		STREET ADDRESS (If rural, give location) R. R.	
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Roach c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 4, 1955	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 4, 1955
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	6 Hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Joan M. Roach	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.	
17. INFORMANT'S SIGNATURE OR NAME Kathleen Roach, 3111 Rolla Pl.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity; following induced Criminal Abortion ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 3642 St Louis Ave., about 9:30 am. May 2, 1955 by Sally Weber. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) Criminal Abortion			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21b. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE) St Louis Mo.	
21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 176X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 2 55 9A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:50A m., from the causes and on the date stated above.			
23a. SIGNATURE (In three or title) Patrick Flanagan		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5.6.55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-6-55	
24c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REG. MAY 6 1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
.....
..... Licensed Embalmer No.....
.....
..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.